



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.state.tn.us/health/links.html

TENNESSEE BOARD OF MEDICAL EXAMINERS
(615) 532-3202, ext. 24384
(800) 778-4123, ext. 24384

**INSTRUCTIONS FOR AN APPLICATION FOR
INACTIVE VOLUNTEER MEDICAL LICENSE**

Applicants who intend to practice medicine **exclusively** without compensation on patients of organizations granted an exemption pursuant to Section 501(c)(3) of the Internal Revenue Code may obtain an inactive volunteer license by (1) retiring their active medical license, pursuant to the provisions of Rule 0880-2-.10(2); (2) completing the Application for Inactive Volunteer License; and (3) complying with the requirements of T.C.A. 63-6-230 and Rule 0880-2-.05(11).

Applicants who do not currently hold a valid Tennessee License to practice medicine must comply with all provision of Rule 0880-2-.03(1) through (11).

Inactive volunteer licensees are subject to all rules governing renewal, retirement, reinstatement and reactivation as provided by Rules 0880-2-.09 and -.10. Licensees are also subject to disciplinary action for the same causes and pursuant to the same procedures as active licensees, such as renewal and continuing education requirements, as stated in Rules 0880-2-.09.

CHECKLIST

Done

Completed and notarized application

Requested submission to the Board's Administrative Office directly from the qualified organization proof of exemption issued pursuant to Section 501(c)(3) of the Internal Revenue Code. A copy of the letter received from the IRS determining exemption will be sufficient.

Notarized Affidavit of Retirement (Attachment 1)

APPLICATION FOR INACTIVE VOLUNTEER LICENSE

Please submit the completed application along with the required documentation to the Tennessee Board of Medical Examiners at the address on page 1.

PLEASE PRINT IN INK.

Name: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

Phone numbers: Home: _____ Office: _____

Name and address of organization granted an exemption pursuant to Section 501(c)(3) of the Internal Revenue Code:

CERTIFICATION

I, _____ hereby certify that

1. I will limit my practice of medicine exclusively to the patients receiving services from _____ which has been granted an exemption pursuant to Section 501 (c) (3) of the Internal Revenue Code and that such practice is without compensation.
2. I further swear that I have read and understand the statutes and the Rules of the Tennessee Board of Medical Examiners and agree to abide by them in the practice as an Inactive Volunteer Licensee in the State of Tennessee.

Signature Date
Sworn and subscribed before me, this the _____ day of _____, 20____

Notary Public Date

My Commission Expires: _____ SEAL

ATTACHMENT 1



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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NASHVILLE, TENNESSEE 37247-1010

AFFIDAVIT OF RETIREMENT
FROM PRACTICE IN TENNESSEE

PLEASE TYPE OR PRINT ALL INFORMATION IN INK.

I, _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

OF _____
(STREET ADDRESS) (APT. #) (CITY) (STATE) (ZIP)

SOCIAL SECURITY # _____ HOME PHONE # (____) _____

WHO IS LICENSED TO PRACTICE AS A _____
(GIVE THE TITLE OF YOUR LICENSE)

IN TENNESSEE UNDER THE LICENSE NUMBER _____ ISSUED ON

_____, DO SOLEMNLY SWEAR THAT
(MONTH) (DAY) (YEAR)

I HAVE RETIRED FROM PRACTICE AS THE PROFESSIONAL LISTED ABOVE IN THE
STATE OF TENNESSEE ON THIS DATE _____,
(MONTH) (DAY) (YEAR)

SIGNATURE OF LICENSEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,

AT _____
(CITY) (STATE)

NOTARY SEAL NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

MA/G5052260/BME

**CRIMINAL BACKGROUND CHECKS
INSTRUCTIONS FOR APPLICANTS
EFFECTIVE JUNE 1, 2006**

1. Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check. This affects applicants for medical doctors, osteopathic physicians, physician assistants, acupuncturists, clinical Perfusionists and certified professional midwives, licensure by examination and endorsement.
2. Applicants may make their appointment online at: **IISfingerprint.com**.
 - First screen --Select a scheduling system. **Click on Tennessee.**
 - Second screen--**Choose** registration in **English or Spanish.**
 - Third screen --fingerprint reason. Click on the pop-up menu and scroll down. **Select “Bureau of Health and Licensure (TN920390Z).”**
 - Fourth screen-- **Enter zip code. Select a location. Click on location selected.**
 - Follow instructions to **register for an appointment. Click on submit.**
3. Applicants who do not have Internet access may make an appointment for the fingerprint scanning by calling **Identix toll free at (866) 226-2937**. Identix will ask for:
 - **The Originating Response Indicator [ORI] Number (TN920390Z) or**
 - **The fingerprint reason (Bureau of Health and Licensure) or**
 - **Both the ORI and fingerprint reason**
4. **Applicants who do not live in Tennessee and are not visiting Tennessee prior to licensure may contact the Board of Medical Examiners’ administrative office toll free at (800) 778-4123, extension 24384 to obtain a fingerprint card and instructions for processing.**
5. Applicants who have not recently obtained a criminal background check must contact **Identix** Identification Services to make an appointment for the scanning of his/her fingerprints. **The fee is \$56.00 and is paid directly to Identix.**
6. If both a nationwide and statewide criminal background check has been conducted within the past six months, the Applicant may have it submitted directly from the criminal background check provider to the Board’s administrative office for consideration of fulfillment of this requirement:

Tennessee Board of Medical Examiners
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010

The Board shall determine if this criminal background check is equivalent to the criminal background checks provided by Tennessee’s approved vendor. If the Board determines it is not equivalent and therefore not acceptable, an Identix background check will be required before the licensure application can be processed.